#### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

Rojo Two, LLC	Chapter 11 Case Number 16-54349-mic
Debtor.	Hon. Maria L. Oxholm
WW-WI-410 4 1 4 1 MINISTER 1	

#### DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD MARCH 1, 2018 TO MARCH 31, 2018

/s/ Aaron J. Scheinfield

Aaron J. Scheinfield (P67495) Scott M. Kwiatkowski (P67871) Attorneys for Debtor 4000 Town Center, Suite 1200 Southfield, MI 48075

Phone: (248) 355-5300

Fax: (248) 355-4644

aaron@bk-lawyer.net scott@bk-lawyer.net

Dated: July 18, 2018

# UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN

# TRANSMITTAL OF FINANCIAL REPORTS AND CERTIFICATION OF COMPLIANCE WITH UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

ROJ		Case Number:	16-54349-tjt
	O TWO, LLC,	Chapter 11	-
	Debtor.	Hon. Thomas J.	Theaten
		110H, Thomas J.	1 ucker
	ebtor in possession, I affirm;		
1.	That I have reviewed the financial statements a	ttached hereto, consisting	of;
	Operating Statement	(Form 2)	
	Balance Sheet	(Form 3)	
	Summary of Operations	(Form 4)	
	Monthly Cash Statement	(Form 5)	
	Statement of Compensation	(Form 6)	
	Schedule of In-Force Insurance	(Form 7)	
2.	and that they have been prepared in accordance and fairly and accurately reflect the debtor's fir That the insurance, including workers' compen- in Section 5 of the Operating Instructions and R effect; and, (If not, attach a written explanation)	ancial activity for the period sation and unemployment:	od stated;
3.	That all post-petition taxes as described in Section	one Q of the Operation V	
	Requirements For Chapter 11 cases are current. (If not, attach a written explanation)		
	-11 danished of Chapter 11 cases are current.	YEShave been paid without on	NO
4.	(If not, attach a written explanation)  No professional fees (attorney, accountant, etc.) authorization. (If not, attach a written explanation)	YEShave been paid without spon) YES	NO_
<b>4.</b> 5.	(If not, attach a written explanation)  No professional fees (attorney, accountant, etc.) authorization. (If not, attach a written explanation)  All United States Trustee Quarterly fees have be	YEShave been paid without spon) YES	NO
<b>4.</b> 5.	(If not, attach a written explanation)  No professional fees (attorney, accountant, etc.) authorization. (If not, attach a written explanation)	YES	NO  pecific court NO
4, 5. 6.	(If not, attach a written explanation)  No professional fees (attorney, accountant, etc.) authorization. (If not, attach a written explanation)  All United States Trustee Quarterly fees have be the Have you filed your pre-petition tax returns.	have been paid without spon)  YES  een paid and are current, YES  YES	NO  pecific court NO  NO  NO
4. 5. 6. docum	(If not, attach a written explanation)  No professional fees (attorney, accountant, etc.) authorization. (If not, attach a written explanati All United States Trustee Quarterly fees have be Have you filed your pre-petition tax returns. (If not, attach a written explanation)  I hereby certify, under penalty of perjury, that the ents is true and correct to the best of my informa	have been paid without spon)  YES  een paid and are current, YES  YES	NO  pecific court NO  NO  NO
4. 5. 6. docum	(If not, attach a written explanation)  No professional fees (attorney, accountant, etc.) authorization. (If not, attach a written explanation)  All United States Trustee Quarterly fees have be that you filed your pre-petition tax returns. (If not, attach a written explanation)  I hereby certify, under penalty of perjury, that the ents is true and correct to the best of my informa	have been paid without spon)  YES  een paid and are current, YES  YES  the information provided about and belief,  ptor in Possession	NO  pecific court NO  NO  NO

Less: Non-Operating Expenses:

**Professional Fees** 

NET INCOME/(LOSS)

Other

Period Ending: 771 F

	Case No: 16-54349-tjt	
Total Revenue/Sales	Current Month	Total Since Filing
Cost of Sales		The state of the s
GROSS PROFIT	at total and a second a second and a second	and the second s
EXPENSES:	the state of the s	
Officer Compensation		
Salary Expenses other Employees	The state of the s	
Employee Benefits & Pensions	A STATE OF THE STA	- i , jane
Payroll Taxes	The state of the s	
Other Taxes	And the state of t	
Rent and Lease Expense		
Interest Expense	The second secon	
Insurance	- A Property of the Control of the C	
Automobile and Truck Expense	MATE	
Utilities (gas, electric, phone)		
Depreciation		
Travel and Entertainment		***************************************
Repairs and Maintenance		<u> </u>
Advertising		
Supplies, Office Expense, etc.		107540
Other Specify		Ver see
Other Specify	reaction of the second of the	
TOTAL EXPENSES:		
NET OPERATING PROFIT/(LOSS)	119 3487	
Add: Non-Operating Income:	- popular	
Interest Income Other Income		

# BALANCE SHEET Period Ending: 7/71/18

ASSETS;	<u>Current Month</u>	Prior Month	At Filing
Cash:	. 1 . 2		
Inventory:	WIA		
Accounts Receivables:		***************************************	
Insider Receivables	*		
Land and Buildings:			
Furniture, Fixtures & Equip:			
Accumulated Depreciation:			
Other:			
Other:			stant page.
TOTAL ASSETS:			
LIABILITIES:			77
Post-petition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
TOTAL Post-petition Liabilities			
Secured Liabilities:	and the second s	The second secon	
Subject to Post-petition			
Collateral or Financing Order	****	r	
All Other Secured Liabilities			· · · · · · · · · · · · · · · · · · ·
TOTAL Secured Liabilities			
. O I was seen an Eloiphicist			
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities			
Unsecured Liabilities:	PM		
Other:		· · · · · · · · · · · · · · · · · · ·	- Vernisanda
TOTAL Pre-petition Liabilities	9.0		
		The second secon	
Equity:			
Owners Capital;	The state of the s		
Retained Earnings-Pre Petition.	·		·
Retained Earnings-Post Petition.		Name and April 201	
TOTAL Equity:		All the second s	
TOTAL LIABILITIES			
AND EQUITY	NIA		
		•	

#### SUMMARY OF OPERATIONS

Period Ended: 3/51/18

Case No: 16-54349-tjt

### Schedule of Post-Petition Taxes Payable

	Beginning Balance	Accrued/ Withheld	Payments/Deposits	Ending Balance
income Taxes Withheld:	1 <i>r</i> ∧			1
Federal:	NIA	•		
State: Local:				
LULAI;				
FICA Withheld:				
Employers FICA:				
Unemployment Tax:				
Federal:				
State:		MARKA		
Sales, Use & Excise Taxes:				
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				
				-
	AGING OF A AND POST-PETI	CCOUNTS RECEIVABLE TION ACCOUNTS PAYA	BI F	
Age in Days Post Petition	0-30	30-60	Over	60
Accounts Payable	NIA			
Accounts Receivable				
For all post-petition account is away the de	aunts payable over 20 days at	el color de la col		he
	the same trans aperical at	ici che reason for non-paymen	t of the account,	
Describe events or facto formulation of a Plan of R	rs occurring during th	is reporting period m	aterially affecting opera	ations and
	<b>G</b>			
				<del></del>
				Form 4

Peri	MON iod Ending:	THLY CASH S	STATEMENT X		
Cash Activity Analysis (Cash	Basis Only):		•	Case No: 16-54	349-tjt
	General Acct.	Payroll Acct.	Tax <u>Acct.</u>	Cash Coll <u>.</u> <u>Acct</u>	Petty Cash <u>Acct.</u>
A. Beginning Balance	- N/A				
B. Receipts (Attach separate schedule)				- The second sec	
C. Balance Available (A + 8)			ample.		
D. Less Disbursements (Attach separate schedule)			- //		
E. ENDING BALANCE (C - D)	MA			·	<u> </u>
ATTENTION: Please enter excluding transfers, onto the payment. \$	the line below,	inis is the	number that w	ill determine you	r quarterly fee
General Account:	or most neger	T RECONCIE	LD DANK STATE	MEN IS PROJVI EAC	HACCOUNT)
1. Depository Name &	Location				
2. Account Number					
Payroll Account:					, , , , , , , , , , , , , , , , , , ,
1. Depository Name &	Location				
2. Account Number		- property			
Tax Account:					
1. Depository Name &	Location				
2. Account Number					
Other monies on hand (spec					
Date: 7/1/1)	/				
-		Debtor in Pr	ecaccion		

# MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:	3/11/18		
Case No: 16-54349-tjt			
The following information is to be insider, or owner that is employed by the	pe provided for each shareho debtor in possession. ( <u>Attach</u>	lder, officer additional p	, director, manager, ages if necessary.)
Name: A	Capacity:		hareholder Officer Director
Detailed Description of Duties:			
Current Compensation Paid:	Weekly	or	Monthly
Current Benefits Paid:	Weekly	or	Monthly
Health insurance			
Life Insurance	manufacture of the state of the		
Retirement			
Company Vehicle			**************************************
Entertainment	Manual		· · · · · · · · · · · · · · · · · · ·
Travel			
Other Benefits			<del></del>
Total Benefits	War was a state of the state of		
Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid			
Loans			· · · · · · · · · · · · · · · · · · ·
Other (Describe)			Alexandra de la companya de la compa
Other (Describe)	- Waldalia VIII Bida		**************************************
Other (Describe)	The state of the s		W-0.1
Total Other Payments	Market and page 1997 and the p		·
CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly
Dated:	/s		A CONTRACTOR OF THE PROPERTY O
	Principal Officer No		
	Principal, Officer, Direct	ctor, or insid	ier

## SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 5/71/18
------------------------

INSURANCE TYPE	CARRIER	EXPIRATION DATE
Workers' Compensation	NIA	
General Business Policy	NIA	
		41664-41741
The state of the s	- White credit	
,		

#### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

Rojo Two, LLC		Chapter 11
Debtor.		Case Number 16-54349-mlo Hon. Maria L. Oxholm
	/	

## DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD APRIL 1, 2018 TO APRIL 30, 2018

/s/ Aaron J. Scheinfield
Aaron J. Scheinfield (P67495)
Scott M. Kwiatkowski (P67871)
Attorneys for Debtor
4000 Town Center, Suite 1200
Southfield, MI 48075
Phone: (248) 355-5300
Fax: (248) 355-4644

<u>aaron@bk-lawyer.net</u> <u>scott@bk-lawyer.net</u>

Dated: July 18, 2018

## UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN

# TRANSMITTAL OF FINANCIAL REPORTS AND CERTIFICATION OF COMPLIANCE WITH UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

	THE PERIOD ENDED:	132118		
In re:	t	Ca	se Number: 16-5	4349-tjt
ROJ	O TWO, LLC,	Ch	apter 11	·
	Debtor.	Ho	n. Thomas J. Tuc	ker
As de	btor in possession, I affirm:	······································		
1.	That I have reviewed the financial stateme	ents attached hereto	o, consisting of:	
٠	Operating Statement	(Form 2		
	Balance Sheet	(Form 3	)	
	Summary of Operations	(Form 4	· ·)	
	Monthly Cash Statement	(Form 5	)	
	Statement of Compensation	n (Form 6	)	
	Schedule of In-Force Insur	ance (Form 7	)	
	and that they have been prepared in accordand fairly and accurately reflect the debtor	dance with normal	and customary ac v for the period st	counting practices,
2.	That the insurance, including workers' coin Section 5 of the Operating Instructions effect; and, (If not, attach a written explan	mpensation and unand and Reporting Req	employment incu	rance as described
3.	That all post-petition taxes as described in Requirements For Chapter 11 cases are cu (If not, attach a written explanation)	rrent.	Operating Instruct	
4.	No professional fees (attorney, accountant authorization. (If not, attach a written exp	, etc.) have been pa	<del></del>	<del></del>
5.	All United States Trustee Quarterly fees ha	ave been paid and	are current.	
6.		γ	(ES	NO
v.	Have you filed your pre-petition tax return (If not, attach a written explanation)		ES	NO
docum	I hereby certify, under penalty of perjury, the test of my information in true and correct to the best of my information.	that the information formation and belic	n provided above	and in the attached
Dated:	7 / 1.00	Debtor in Posses	And the second s	
		Menter	-	2-48-857-872-8
		Title	Pho	
				Form 1

OPERATING STATEMENT (DR.I.)

Period Ending:	- 1/2 - / IX	
	Case No: 16-54349	j-tjt

Total Revenue/Sales	Current Month	Total Since Filing
Cost of Sales	A STATE OF THE STA	The state of the s
GROSS PROFIT		
EXPENSES:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
Officer Compensation		
Salary Expenses other Employees	About the second	the state of the s
Employee Benefits & Pensions		
Payroll Taxes	And the second s	
Other Taxes	A RAMBA AND AND AND AND AND AND AND AND AND AN	
Rent and Lease Expense	principle of the second	
Interest Expense		
Insurance	and the state of t	And the second s
Automobile and Truck Expense	107	1,000
Utilities (gas, electric, phone)		
Depreciation	to the second se	
Travel and Entertainment	The state of the s	
Repairs and Maintenance		And the second s
Advertising	And the second of the second o	
Supplies, Office Expense, etc.		
Other Specify		
Other Specify		The second secon
TOTAL EXPENSES:		the state of the s
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income: Interest Income Other Income		
Less: Non-Operating Expenses: Professional Fees Other		
NET INCOME/(LOSS)	NIH	Form

BALANCE SHEET
Period Ending: 6/3-/18

ASSETS:	Current Month	Prior Month	At Filing
Cash: Inventory;	WIA		
Accounts Receivables:	· · ·	are based at Language and August Augu	·
Insider Receivables			
Land and Buildings:			and the second s
Furniture, Fixtures & Equip:	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T		
Accumulated Depreciation:	7-40	***	
Other:		***************************************	
Other:	through the control of the control o	The second secon	
TOTAL ASSETS:	THE PARTY OF THE P		
HABII ITIC.			
LIABILITIES:			
Post-petition Liabilities:	Hereliese 1		
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:	***************************************		
Taxes Payable:		- Andrewson - Andr	
Other:			
TOTAL Post-petition Liabilities			
Program d t de Labbete .			
Secured Liabilities:			
Subject to Post-petition			***************************************
Collateral or Financing Order		***************************************	
All Other Secured Liabilities	- And the second	and the second s	
TOTAL Secured Liabilities			- I the frame
			The Course
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities			
Unsecured Liabilities:			
Other:	-		
TOTAL Pre-petition Liabilities			
			•
Equity:			
Owners Capital:		THE PARTY OF THE P	
Retained Earnings-Pre Petition.			
Retained Earnings-Post Petition.			
TOTAL Equity:	The state of the s		
TOTAL LIABILITIES			7777777
	7		
	No 1 st		
/AND EQUITY	1 / / /		STOTE AND

### SUMMARY OF OPERATIONS

Period Ended:

4/3-118

Case No: 16-54349-tjt

### Schedule of Post-Petition Taxes Payable

	Beginning Balance	Accrued/ Withheld	Payments/Deposits	Ending Balance
Income Taxes Withheld: Federal: State: Local:	- MA			
FICA Withheld:		The state of the s		- Constant of the Constant of
Employers FICA:		11	-	
Unemployment Tax: Federal: State:				
Sales, Use & Excise Taxes:			-	
Property Taxes:	Share v			
Workers' Compensation				
Other:			<del></del> .	
TOTALS:				
	AGING OF A AND POST-PETI	ACCOUNTS RECEIVABLE TION ACCOUNTS PAYAI	3 <u>LE</u>	
Age in Days Post Petition	0-30	<b>30-</b> 60	Over	60
Accounts Payable	NIA			
Accounts Receivable				
For all post-petition acc account is owed, the da Describe events or facto formulation of a Plan of R	ounts payable over 30 days of the account was opened, a	ld, please attach a sheet listing nd the reason for non-payment	each such account, to whom to of the account.	
				<del></del>
				<del></del>
				770703.4

p	MON' Period Ending:	THLY CASH	STATEMENT		
Cash Activity Analysis (C			**************************************	Case No: 16-54	1349-tjt
	General Acct.	Payroll Acct.	Tax <u>Acct.</u>	Cash Coll <u>.</u> <u>Acct</u>	Petty Cash Acct.
A. Beginning Balance	~ 14	VIII			
Receipts     (Attach separate schedul	e)				
C. Balance Available (A + B)					·
D. Less Disbursements (Attach separate schedule		- Ir		****	
E. ENDING BALANCE (C - D)	NIH		-		04-
ATTENTION: Please ent excluding transfers, onto payment. \$	— the late ocioty.	THIS IS LIFE	: ilumber that wii	i determine you	r quarterly fee
(PLEASE ATTACH COPIE General Account:	ES OF MOST RECENT	reconci	LED BANK STATEM	ENTS FROM EAC	H ACCOUNT)
	0.1				
<ol> <li>Depository Name</li> <li>Account Number</li> </ol>	& rocation				
Payroll Account:	<del></del>				The state of the s
	& Location				
<ol> <li>Depository Name</li> <li>Account Number</li> </ol>	Location	<del></del>			-1-10
Tax Account:	<del> </del>				
	& Location				
<ol> <li>Depository Name</li> <li>Account Number</li> </ol>					
Other monies on hand (sp			CD's, bonds, etc.}:		and the same and t
Date: 77,/11				And the state of t	
The state of the s		30hda 1 5	- Andrews of the same of the s	And the second s	
•	L	Debtor in P	ossession		_

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:	413-118	·····	
Case No: 16-54349-tjt			
The following information is to be insider, or owner that is employed by the d	eptor in possession. ( <u>Attach a</u>	ler, officer, dditional pa	director, manage
Name:	Capacity:	Si O Di	hareholder fficer irector
Detailed Description of Duties:			
Current Compensation Paid:	Weekly	or	Monthly
Current Benefits Paid:	Weekly	or	Monthly
Health Insurance	Augusta (A. A. A. A.		-
Life Insurance	And the last the second of the		-
Retirement	Martine Colonia de la companya de primade		
Company Vehicle	****		
Entertainment	****		
Travel	MANAGE TO LOCAL CONTRACTOR OF THE PARTY OF T		·
Other Benefits	All the state of t		
Total Benefits	beautiful and the second secon		
Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid			
oans.	The state of the s		
Other (Describe)	The state of the s		Miles Maria
Other (Describe)	All shall de supplementations and the state of the state		
Other (Describe)			
Total Other Payments	**************************************		
CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly
Dated: 771111		and the second s	
/accu/	Principal Officer Direct	tor or lari	don

#### SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 9116	Period Ending:	4172118	
---------------------	----------------	---------	--

INSURANCE TYPE	CARRIER	<b>EXPIRATION DATE</b>
Workers' Compensation	NIA	
General Business Policy	NIA	
	The state of the s	
	· · · · · · · · · · · · · · · · · · ·	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		

#### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

Rojo Two, LLC	Chapter 11
Debtor.	Case Number 16-54349-mlo Hon. Maria L. Oxholm

#### DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD MAY 1, 2018 TO MAY 31, 2018

/s/ Aaron J. Scheinfield

Aaron J. Scheinfield (P67495) Scott M. Kwiatkowski (P67871) Attorneys for Debtor 4000 Town Center, Suite 1200 Southfield, MI 48075

Phone: (248) 355-5300 Fax: (248) 355-4644

aaron@bk-lawyer.net

scott@bk-lawyer.net

Dated: July 18, 2018

#### UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN

# TRANSMITTAL OF FINANCIAL REPORTS AND CERTIFICATION OF COMPLIANCE WITH UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

In re:	·	Case Number	: 16-54349-tjt
ROJ	O TWO, LLC,	Chapter 11	•
700	Debtor.	Hon. Thomas	J. Tucker
As de	btor in possession, I affirm:		
1.	That I have reviewed the financial statements	attached hereto, consistin	<del>ወ</del> ለተ
	Operating Statement	(Form 2)	
	Balance Sheet	(Form 3)	
	Summary of Operations	(Form 4)	
	Monthly Cash Statement	(Form 5)	
	Statement of Compensation	(Form 6)	
	Schedule of In-Force Insurance	, ,	
2.	and that they have been prepared in accordance and fairly and accurately reflect the debtor's for the insurance, including workers' competed in Section 5 of the Operating Instructions and effect; and, (If not, attach a written explanation)	inancial activity for the pensation and unemploymen Reporting Requirements	riod stated; nt insurance, as described For Chapter 11 Cases is in
3.	That all post-petition taxes as described in Sec Requirements For Chapter 11 cases are curren (If not, attach a written explanation)	tions 9 of the Operating I	nstructions and Reporting
4,	No professional fees (attorney, accountant, etc authorization. (If not, attach a written explana	.) have been paid without	
5.	All United States Trustee Quarterly fees have	been paid and are current.	
6.		YES	NO
0.	Have you filed your pre-petition tax returns. (If not, attach a written explanation)	YES	NO
docum	I hereby certify, under penalty of perjury, that nents is true and correct to the best of my inform	the information provided nation and belief.	above and in the attached
Dated:	: 7/1/15 E	ebtor in Possession	The second secon
		Mingelm	たみずずります。
	T	itle	Phone
	•		Form 1

Period Ending: 5/31/15

 Case	No:	16-5	434	9-ti

Total Revenue/Sales	Current Month	Total Since Filing
Cost of Sales		
GROSS PROFIT	the state of the s	de terres de la constant de la const
EXPENSES:	-	
Officer Compensation		
Salary Expenses other Employees		
Employee Benefits & Pensions		
Payroll Taxes		
Other Taxes	, , , , , , , , , , , , , , , , , , ,	
Rent and Lease Expense		
Interest Expense	The second secon	
Insurance	The second secon	And the state of t
Automobile and Truck Expense	Bridge Community of the	And the second s
Utilities (gas, electric, phone)		***************************************
Depreciation	THE RESERVE OF THE PROPERTY OF	- policina de la companya de la comp
Travel and Entertainment	The second secon	
Repairs and Maintenance	The Property of the Property o	
Advertising	-Miles	
Supplies, Office Expense, etc.		
Other Specify		
Other Specify	The state of the s	The state of the s
TOTAL EXPENSES:		
VET OPERATING PROFIT/(LOSS)		MASS.
Add: Non-Operating Income:		4
Other Income		q elskir.
less: Non-Operating Expenses: Professional Fees Other		
NET INCOME/(LOSS)	N14	-
		Form

**BALANCE SHEET** 

Period Ending:	7,/18
----------------	-------

Case No: 16-54349-tjt

ASSETS:	Current Month	Prior Month	At Filing
Cash:	WIA		
Inventory:	U + 6 "		
Accounts Receivables:			
Insider Receivables		The state of the s	
Land and Buildings:			11111
Furniture, Fixtures & Equip:			w/,* //
Accumulated Depreciation:			M-)
Other:			
Other:		B4-19	
TOTAL ASSETS:			
	373	7.00	***************************************
LIABILITIES:			
Post-petition Liabilities;			
Accounts Payable:	And the state of t		
Rent and Lease Payable:	- The Prophy in the second		
Wages and Salaries:			
	- Control of the Cont		
Taxes Payable:			
Other:			1
TOTAL Post-petition Liabilities	- Annual Control of the Control of t	and differences on Managing Street, Managing Street, Company, Street, Comp	
Secured Liabilities:			
Subject to Post-petition	27 - 7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
Collateral or Financing Order	All the state of t	,	**************************************
All Other Secured Liabilities		***	
TOTAL Secured Liabilities	The second secon		·
		The state of the s	
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities	3.00		<del></del>
Unsecured Liabilities:			
Other:	4-18-4		
TOTAL Pre-petition Liabilities			
posticion mostroide			
Equity:			
Owners Capital:			
	The state of the s		
Retained Earnings-Pre Petition.			
Retained Earnings-Post Petition.			
TOTAL Facility			
TOTAL Equity:			
TOTAL HABILITIES			
OLAR DANIMILES			French Value
	A = A		
AND EQUITY	Ni/H		
Landan profests s	- 4 5		

#### **SUMMARY OF OPERATIONS**

Period Ended: 5/3/1/5

Case No: 16-54349-tjt

#### Schedule of Post-Petition Taxes Payable

	Beginning Balance	Accrued/ Withheld	Payments/Deposits	Ending Balance
Income Taxes Withheld: Federal: State: Local:	N/A			
FICA Withheld:				
Employers FICA:				
Unemployment Tax: Federal: State:		1 <del>-1</del>		
Sales, Use & Excise Taxes:		4,000	The Paris of the P	
Property Taxes:			***************************************	
Workers' Compensation				
Other:				
TOTALS:				
Age in Days	AGING OF A AND POST-PETI 0-30	ACCOUNTS RECEIVABLE TION ACCOUNTS PAYA 30-60	ABLE	
ost Petition		30-50	Over	60
accounts Payable	NIA			
accounts Receivable				
account is owed, the d	ate the account was opened, a OFS occurring during to	ind the reason for non-payme	ng each such account, to whom nt of the account.  naterially affecting oper	
	A CONTRACTOR OF THE CONTRACTOR	***************************************		
			1/2 1/2	Form 4

Peri	MON od Ending:		STATEMENT		
Cash Activity Analysis (Cash	Basis Only):	•	<u>-</u>	Case No: 16-54	349-tjt
	General Acct.	Payroll <u>Acct.</u>	Tax <u>Acct.</u>	Cash Coll, Acct	Petty Cash Acct.
A. Beginning Balance	~14	-		eryanda attitulopiano de la composito de la co	
B. Receipts (Attach separate schedule)		programphisher by mydd Legendwyn (graf h sened			and the second s
C. Balance Available (A + B)	Note:		-	7 7 8 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. Less Disbursements (Attach separate schedule)	. ,	And the second s	-		
E. ENDING BALANCE (C ~ D)	- RIA	- WARREN	N		4-4-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
excluding transfers, onto the payment. \$					
	l-satis v				
Depository Name &     Account Number	Location				
Payroll Account:	#+-5+		····		<del> </del>
Depository Name &	Location				
Account Number	<u></u>				
Tax Account:	<del>,</del>				
Depository Name &	Location				
2. Account Number	We see It sometime				- 100 / 100 PM
Other monies on hand (spe	cify type and loo				
71.116				The second of th	
Date:	**************************************		Annahim der ten de fall pariente des fands de mande de d	An address of the contract of	
		Debtor in F	Possession		

#### MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: 5/7/18 Case No: 16-54349-tjt . The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. (Attach additional pages if necessary.) Capacity: Shareholder Officer Director insider Detailed Description of Duties: **Current Compensation Paid:** Weekly Monthly OΓ **Current Benefits Paid:** Weekly Monthly DΓ Health Insurance Life Insurance Retirement Company Vehicle Entertainment Trave Other Benefits **Total Benefits Current Other Payments Paid:** Weekly Monthly Rent Paid Loans Other (Describe) Other (Describe) Other (Describe) **Total Other Payments CURRENT TOTAL OF ALL PAYMENTS:** Weekly Monthly or

Form б

Principal, Officer, Director, or Insider

#### **SCHEDULE OF IN-FORCE INSURANCE**

Period Enging: 7 / 3 / 1 /0	Period Ending:	5/71	118	
-----------------------------	----------------	------	-----	--

INSURANCE TYPE	CARRIER	EXPIRATION DATE
Workers' Compensation	N/A N/A	
General Business Policy	SIA	
***	· · · · · · · · · · · · · · · · · · ·	

#### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

Rojo Two, LLC		Chapter 11 Case Number 16-54349-mlo
Debtor.	,	Hon. Maria L. Oxholm
	/	

#### DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD **JUNE 1, 2018 TO JUNE 30, 2018**

/s/ Aaron J. Scheinfield

Aaron J. Scheinfield (P67495) Scott M. Kwiatkowski (P67871) Attorneys for Debtor 4000 Town Center, Suite 1200 Southfield, MI 48075

Phone: (248) 355-5300

Fax: (248) 355-4644

aaron@bk-lawyer.net scott@bk-lawyer.net

Dated: July 18, 2018

#### UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN

# TRANSMITTAL OF FINANCIAL REPORTS AND CERTIFICATION OF COMPLIANCE WITH UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR EPERIOD ENDED: 6/35/18

	THE PERIOD ENDED: 6/3	2/18	
In re:	,	Case Number:	16-54349-tjt
ROJO	O TWO, LLC,	Chapter 11	
Pr@doisidistrust.com.	Debtor.	Hon, Thomas .	J. Tucker
As de	btor in possession, I affirm:		
1.	That I have reviewed the financial statemen	ts attached hereto, consisting	g of:
	Operating Statement	(Form 2)	
	Balance Sheet	(Form 3)	
	Summary of Operations	(Form 4)	
	Monthly Cash Statement	(Form 5)	
	Statement of Compensation	(Form 6)	
	Schedule of In-Force Insuran	ice (Form 7)	
	and that they have been prepared in accorda and fairly and accurately reflect the debtor's	nce with normal and customs financial activity for the pe	ary accounting practices,
2.	That the insurance, including workers' comin Section 5 of the Operating Instructions are effect; and, (If not, attach a written explanate	nd Reporting Requirements 1	of insurance, as described For Chapter 11 Cases is in NO
3.	That all post-petition taxes as described in S Requirements For Chapter 11 cases are curr (If not, attach a written explanation)	Sections 9 of the Operating Lent. YES	nstructions and Reporting
4,	No professional fees (attorney, accountant, authorization. (If not, attach a written expla	etc.) have been paid without mation) YES	specific court  NO
5.	All United States Trustee Quarterly fees have	YES U	, NO
6.	Have you filed your pre-petition tax returns. (If not, attach a written explanation)	YES	NO
docur	I hereby certify, under penalty of perjury, the ments is true and correct to the best of my info	at the information provided mation and belief.	above and in the attached
Dated	: 17/18	Debtor in Possession	
	•	Mangelow	2年料194年1日
		Title	Phone
			Form 1

	<b>OPERATING</b>	<b>5</b> 7	TATE	VIENT	(P&L)	
Period Ending:	<u>6</u>	<u> </u>	-/	<i>( X -</i>	•	
	Case N	o:	16-54	349-	tit	 

Total Revenue/Sales	Current Month	Total Since Filing
Cost of Sales	and the second s	
GROSS PROFIT		
EXPENSES:		
Officer Compensation		
Salary Expenses other Employees	4	1845-1-3 , 1747-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Employee Benefits & Pensions		Barriel L. 19
Payroll Taxes		A CANADA TO THE RESIDENCE OF THE PARTY OF TH
Other Taxes	TO THE PARTY NAMED IN THE PARTY	Albert 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Rent and Lease Expense		• • • • • • • • • • • • • • • • • • •
Interest Expense	****	
Insurance	ې پېښونو پېښونو په د د د د د د د د د د د د د د د د د د	
Automobile and Truck Expense		- The state of the
Utilities (gas, electric, phone)		The second secon
Depreciation	-164	
Travel and Entertainment		
Repairs and Maintenance		-
Advertising		
Supplies, Office Expense, etc.		Approximation
Other Specify	**************************************	
Other Specify		and the second s
TOTAL EXPENSES:	All the state of t	
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income: Interest Income Other Income		
Less: Non-Operating Expenses: Professional Fees Other		
NET INCOME/(LOSS)	NIA	Form 2

BALANCE SHEET
Period Ending: 5/3-//3

Case No: 16-54349-tjt

ASSETS:	Current Month	Prior Month	At Filing
Cash:	MIA		
Inventory:	for the		
Accounts Receivables:			
Insider Receivables			
Land and Buildings:			
Furniture, Fixtures & Equip:			
Accumulated Depreciation:		A THREE CONTRACTOR OF THE CONT	
Other:			
Other:			
TOTAL ASSETS:		Canada and Albaria	
LIABILITIES:			
Post-petition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
TOTAL Post-petition Liabilities		200	
Secured Liabilities:			
Subject to Post-petition			
Collateral or Financing Order	10.000	-	
All Other Secured Liabilities			
TOTAL Secured Liabilities		( No. lot.	
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities	N. S.	Wei	
Unsecured Liabilities:		<u> </u>	
Other:			
TOTAL Pre-petition Liabilities			The state of the s
Equity:			
Owners Capital:			
Retained Earnings-Pre Petition.	The state of the s		
Retained Earnings-Post Petition.			PANEL COLUMN TO THE COLUMN TO
TOTAL Equity:			
TOTAL HABILITIES			
	1		
/AND EQUITY	NIA		- August

#### **SUMMARY OF OPERATIONS**

Period Ended: 6/7-/18

Case No: 16-54349-tjt

#### Schedule of Post-Petition Taxes Payable

	Beginning Balance	Accrued/Withheld	Payments/Deposits	<b>Ending Balance</b>
income Taxes Withheld: Federal: State: Local;	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		417	
FICA Withheld;	-	apari antiquation and a second		
Employers FICA:				
Unemployment Tax: Federal: State:	ALLA CONTRACTOR OF THE CONTRAC			
Sales, Use & Excise Taxes:	-			(Physical Action Control Control Action Control C
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				
Age in Days Post Petition	AND POST-PETI 0-30	CCOUNTS RECEIVABL TION ACCOUNTS PAY 30-60	<u>ABLE</u>	Over 60
Accounts Payable	NIA			
Accounts Receivable				
account is owed, the d	ccounts payable over 30 days o late the account was opened, a	ld, please attach a sheet list nd the reason for non-payme	ing each such account, to w ent of the account.	hom the
Describe events or fact ormulation of a Plan of	ors occurring during the Reorganization:	his reporting period	materially affecting	operations and
				ANGENIALS AND A SECOND STREET
	and the second s			
			- ***	
				Form 4

Peri	iod Ending:	75.775	SIATEIVIEN		
Cash Activity Analysis (Cash	n Basis Only):			Case No: 16-54	349-tjt
	General Acct.	Payroll Acct.	Tax <u>Acct.</u>	Cash Coll <u>.</u> <u>Acct</u>	Petty Cash <u>Acct.</u>
A. Beginning Balance	<u>~/4</u>	#*		<u></u>	
B. Receipts (Attach separate schedule)					
C. Balance Available (A + B)		- A - A - A - A - A - A - A - A - A - A			
D. Less Disbursements (Attach separate schedule)	philipping and declarate and applications are applications and applications and applications are applications and application	MATE.	··· · · · · · · · · · · · · · · · · ·	on the state of th	ADDRESS OF THE STATE OF THE STA
E. ENDING BALANCE (C - D)	<u> ~ ~ ;</u> A		and the state of t		
ATTENTION: Please enter excluding transfers, onto payment. \$	the line below.	This is the	number that v	vill determine you	ır quarterly fe
(PLEASE ATTACH COPIES  General Account:	OF MOST RECE	NT RECONC!	LED BANK STATE	EMENTS FROM EAC	:H ACCOUNT)
1. Depository Name 8	Location				
Account Number					
Payroll Account:	<del></del>				
Depository Name 8	Location				
Account Number	ESCUCION				
Tax Account:					,
1. Depository Name 8	Location				
2. Account Number	L LUGALION				<del></del>
Other monies on hand (sp	ecify type and lo	cation) i.e.,	CD's, bonds, etc.	.):	
Date: 7/1/18			The same of the sa	Control of the Contro	
		Debtor in	Possession		<del>ala andres</del>

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Endi	ng: 6/3-118			
Case No: 16-54349-tjt				
The following information is insider, or owner that is employed by	to be provided for each sharehold the debtor in possession. ( <u>Attach a</u>	der, officer, idditional pa	director, mana ges if necessary.	ger .)
Name: A A	Capacity:	ShareholderOfficerDirectorInsider		
Detailed Description of Duties:				
Current Compensation Paid:	Weekly	or	Monthly	
Current Benefits Paid:	Weekly	or	Monthly	
Health Insurance			<del></del>	
Life Insurance	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	
Retirement	And Conference of the Conferen			
Company Vehicle			<del></del>	
Entertainment				
Fravel				
Other Benefits				
Total Benefits				
Current Other Payments Paid:	Weekly	or	Monthly	
Rent Paid				
∟oans				
Other (Describe)				
Other (Describe)				
Other (Describe)				
Total Other Payments				
CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly	
Dated: <u>7/1/16</u>		The second secon	And the second s	
the state of the s	Principal, Officer, Dire	ctor, or Insid	der	

### SCHEDULE OF IN-FORCE INSURANCE

Period Ending:	6/	30/12	,
----------------	----	-------	---

NSURANCE TYPE	CARRIER	EXPIRATION DATE
Workers' Compensation	NIA	
General Business Policy	SIA	
	DT	
		The state of the s